

2011

MOTHERING IN THE CONTEXT OF VIOLENCE: SURVIVORS' PERSONAL PERSPECTIVES

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**MOTHERING IN THE CONTEXT OF VIOLENCE:
SURVIVORS' PERSONAL PERSPECTIVES**

(Spine title: Mothering Through Woman Abuse)

(Thesis format: Monograph)

by

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Graduate Program in Education

2

A thesis submitted in partial fulfilment
of the requirements for the degree of
Master of Education

The School of Graduate and Postdoctoral Studies
The University of Western Ontario
London, Ontario
March, 2011

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UNIVERSITY OF WESTERN ONTARIO
SCHOOL OF GRADUATE AND POSTDOCTORAL STUDIES

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Entitled:

**Mothering in the Context of Violence:
Survivors' Personal Perspectives**

is accepted in partial fulfilment of the requirements for the degree of
Master of Education (Counselling Psychology)

Date: _____

Perry Klein
Chair of Thesis Examination Board

Abstract

Mothering in the context of woman abuse was investigated using one-on-one interviews with mothers/survivors in response to a paucity of published research featuring women's voices. Phenomenological and narrative methodologies guided data analysis, and Relational Cultural Theory (Jordan, 2001) was used as a framework. Three themes emerged: *Connection/Isolation*, *Mother-Child Relationship* and *Mothering*. Participants reported feeling connected to or disconnected from their family, friends and sense of self; reflected on the authenticity and closeness (or lack thereof) that characterized their relationships with their children, along with some barriers impeding this relationship; and characterized their mothering as both enhanced and compromised. The results show that survivors of violence see themselves as effective mothers, in contrast to the deficits model of mothering advocated more generally in the helping professions (Lapierre, 2008). Implications for the counselling profession include creating more groups to foster social support and resisting the trend to pathologize mothering practices of survivors (mother blaming).

Keywords: MOTHERING DEFICITS, MOTHERING ENHANCEMENTS, WOMAN ABUSE, RELATIONAL CULTURAL THEORY

Acknowledgements

First and foremost, I want to thank Dr. Susan Rodger. Your support, guidance and vast knowledge were greatly appreciated. Your listening ear for complaints and troubles, be them related to this thesis or not, was comforting in times of doubt and worry.

To Dr. Jason Brown: Thank-you for providing such encouraging and constructive feedback on this thesis and going above and beyond what was asked of you. To all of the committee members and faculty who had any part in the writing of this thesis or my development as a professional and an individual, I sincerely thank-you for your time and expertise.

Most importantly, I want to thank the women who participated in this research. Although I never got a chance to meet any of you, your voices and stories will inspire me and be in my heart for years to come. It is my hope that your voices will inspire others, as well.

Lastly, I want to acknowledge and thank my support system. Mom and dad, your support of my dreams and aspirations has never wavered. Thank-you for standing in my corner and being my number one fans. To my extended family and friends at home, even though we're so far apart I know you're just a phone call or email away. Counselling colleagues, it has been quite a ride. Thank-you for being my family away from home. Dan, your child-like nature and infectious humour kept much in check for me during this process. Thank-you for keeping me smiling and laughing.

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Introduction

The mother-child relationship is vitally important, especially during the perinatal period and the preschool years, as mothers are usually the primary caregivers who devote much time and energy to parenting their children (Mansfield, 2005). Women are more likely to parent their children alone (Statistics Canada, 2006). Importantly, however, they are also at an increased risk of experiencing woman abuse in their lifetime (Bostock, Plumpton & Pratt, 2009; Casanueva, Martin, Runyan, Barth & Bradley, 2008; McCue, 2008; Statistics Canada, 2006). Many definitions of woman abuse exist, however, most include aspects of physical, sexual, emotional, psychological and/or financial abuse perpetrated by a former or current partner and experiences such as threats, harassment, control and intimidation would qualify (Bostock et al., 2009; McCue, 2008). In Canada one in every three women will be subject to woman abuse in her lifetime and from 2000 to 2004, 7% of women over the age of 15 experienced woman abuse (Radford & Hester, 2006; Statistics Canada, 2006).

Mothers involved in violent relationships can be overly stressed and less available to their children in a number of ways, as they may be trying to cope with their trauma-related symptoms and other issues (Buchbinder, 2004; Levendosky & Graham-Bermann, 2000; Levendosky & Graham-Bermann, 2001). The mother-child relationship may be characterized by decreased levels of warmth, affection, bonding, responsiveness and control, along with increased levels of corporal punishment (Buchbinder, 2004; Casanueva et al., 2008; Levendosky & Graham-Bermann, 2000). On the other hand, mothers and children who survive woman abuse have been known to provide much support to one another post-violence while the mother increases empathy, care and

protection toward her children (Buchbinder, 2004; Casaneuva et al., 2008; Humphreys, Mullender, Thiara & Skamballis, 2006; Levendosky & Graham-Berman, 2000; Levendosky, Lynch & Graham-Bermann, 2000). The present study explored woman abuse and the impact it has on mothering via in-depth, personal interviews with women who have lived through abusive experiences.

Theoretical Perspective

Relational-Cultural Theory (RCT) was developed by Jean Baker Miller, and others, at the Stone Center of Wellesley College in response to traditional theories of psychology which focused on autonomy, disconnect, self-sufficiency and movement from dependence to independence (Jordan, 2001). RCT posits that all people grow through and toward connection and that meaning is made via relationships throughout the lifespan (Comstock, Hammer, Strentzsch, Cannon, Parsons & Salzar II, 2008; Jordan, 2001, 2008). It is the relationship that heals in RCT, thus, the goal is to develop mutual, growth fostering relationships (Banks, 2006; Jordan, 2001). Growth-fostering relationships are characterized by mutual empathy and empowerment, along with “a sense of zest, clarity about oneself, the other and the relationship, a sense of personal worth, the capacity to be creative and productive [and] the desire for more connection” (Jordan, 2008, pp. 2). Distress occurs as a result of disconnection and isolation (Banks, 2006; Jordan, 2001). Chronic disconnection may result in individuals being less authentic, thus, potentially impacting parental warmth and presence (Banks, 2006; Jordan, 2001).

RCT may provide a useful structure to explore mothering, as the concept of the relational-self first begins to develop within the mutually empathetic relationship between

mother and child (Freedberg, 2007). In all relationships disconnection occurs but if it is dealt with properly the relationship can be strengthened (Jordan, 2001; 2008). In terms of the mother-child relationship, if a child expresses hurt perpetuated by the mother and the mother's reaction is one of concern and sadness the child feels as if he or she is heard and understood. As a result the child feels that he or she can impact other relationships, as well. However, if the mother reacts with anger and rejection the child will disconnect and alter their experience to fit with the powerful adult reaction. The child feels helpless in terms of impacting relationships, as a result, and chronic disconnection leading to potential isolation may occur (Jordan, 2001).

RCT also discusses the societal level of relationships and disconnection, which speaks well to the experience of mothers subject to woman abuse. In society, there is a hierarchy of groups, with those at the top of the hierarchy looking down on those who are lower in status (Jordan, 2008). Those classified as lower status experience shame and isolation as they feel they are not worthy of connection with others (Jordan, 2001). This hierarchy classification can explain the deficit view of mothers who survive woman abuse which is sometimes harboured by child welfare agencies and other organizations (Bostock et al., 2009; Jordan, 2008; Lapierre, 2008; Sullivan et al., 2000).

All information referenced in the above introduction and the following literature review was obtained from PsycINFO, one of the most popular databases for scholarly psychological journal articles, in combination with books and other materials from February 2010 to March 2011. When searching PsycINFO for relevant articles words such as abusive relationships, domestic violence, emotional abuse, feminist theory, relational cultural theory, intimate partner violence, mothering, mothering myths,

qualitative research, trauma theory, victim-blaming, violence against women and woman abuse were utilized.

Literature Review

Effective Parenting

There are two aspects of parenting which are extremely important with children of any age, namely acceptance/responsiveness and demandingness/control (Shaffer, Wood & Willoughby, 2005). Parents who are supportive, alert and responsive to their children's needs, who show affection toward their children and who provide praise to their children would be classified as acceptive/responsive (Shaffer et al., 2005). Parents who establish rules, and expect their children to follow them, while also monitoring and regulating their children's activities would be classified as demanding/controlling (Shaffer et al., 2005). Warm, responsive parents tend to raise children with high self-esteem who are securely attached and function well with their peers (Shaffer et al., 2005).

Authoritative parenting is associated with the best child outcomes, since it is high in acceptance/responsiveness and demandingness/control (McKinney, Donnelly & Renk, 2008; McVittie & Best, 2009; Newman, Harrison, Dashiff & Davies, 2008; Santrock, 2007). Authoritative parents provide autonomy to their children while placing limits on their behaviours (Santrock, 2007). Verbal dialogue and collaboration occurs between authoritative parents and their children while warmth and nurturance is provided (Santrock, 2007). Authoritative parents are invested in their children's constructive behaviour and they provide ample support and encouragement (Santrock, 2007). As a result, their children tend to be happy and handle stress well (Santrock, 2007). Overall, authoritative parenting decreases the chances that children will engage in risky

behaviours while fostering positive adjustment and healthier functioning (McKinney et al., 2008; McVittie & Best, 2009; Newman et al., 2008; Trumpeter, Watson, O'Leary & Weathington, 2008).

The general consensus on "good" parenting has been echoed by children in a study by Magen (1994). Eight and nine year olds reported expressions of warm emotions, including physical closeness, exercising of authority and buying material goods as important in a parent. Fourteen and fifteen year olds valued their parents as educators and authority figures. They also valued their parents' warm feeling expression, their displays of support, their understanding and respect and their leeway with privacy and autonomy. Seventeen and eighteen year olds ranked understanding, support, autonomy and independence as important in a parent. However, they also value their parents acting in a friend-type role and exercising respect. In general, children expect their parents to set limits for them, while providing guidance and acting as a role model and educator.

Pressure on Mothers

In 1989, Paula Caplan published a ground-breaking book titled *Don't Blame Mother: Mending the Mother-Daughter Relationship*. In its 2000 revision, Caplan conceptualizes the various myths that society harbours about mothering, which increases the pressure many mothers feel to be flawless. The myths are categorized into the perfect mother myths and the bad mother myths. There are four perfect mother myths including:

- 1) "The measure of a good mother is a "perfect" daughter."
- 2) "Mothers are endless founts of nurturance."
- 3) "Mothers naturally know how to raise children."
- 4) "Mothers don't get angry."

While there are six bad mother myths including:

- 1) "Mothers are inferior to fathers."
- 2) "Mothers need experts' advice to raise healthy children."
- 3) "Mothers are bottomless pits of neediness."
- 4) "Mother-daughter closeness is unhealthy."
- 5) "Mothers are dangerous when they're powerful."
- 6) "Both stay at home mothers and mothers with paid work are bad mothers."

The idealized notion of mothers is perpetuated by society via mother blaming (Anderson, George & Nease, 2002). Mothers receive the majority of criticism when it comes to child rearing while fathers escape relatively unscathed, as showing up is considered "good enough" (Anderson et al., 2002). When mothers "fail" it tends to be blamed on their biology, as mothering is supposed to be natural, however, when fathers "fail" it tends to be blamed on external factors, such as their mother's parenting (Anderson et al., 2002). Mothers are expected to be self-sacrificing and all nurturing, a standard not assigned to fathers (Anderson et al., 2002). Women who are abused by their partners are not immune to the influence of the perfect mother ideal and it can be argued that the ideal is even more pronounced and damaging for them (Lapierre, 2008).

Woman Abuse and Mothering

Mother blaming and the duality of victimization. Mother blaming is a significant problem in the child welfare system (Buchbinder, 2004; Irwin, Thorne & Varcoe, 2002; Lapierre, 2008; Raghunandan & Leschied, 2010). Those advocating for abused women view child welfare services with much scepticism, as they tend to neglect the mother's needs and instead blame her for the violence to which her children were

exposed (Raghunandan & Leschied, 2010). The abuse a woman was subject to may even be validated by child welfare services when the mother is charged with failure to protect her children (Raghunandan & Leschied, 2010). Thus, many abused women are subject to dual victimization, first from the actual abuse by their perpetrator and second by child welfare services who hold them accountable for their perpetrator's actions, with some agencies removing children from their mother's care (Raghunandan & Leschied, 2010). This all or nothing view of mothering does not take into consideration the fact that many women have few resources to rely on and the man's violent behaviour is downplayed, as a result (Holt et al., 2008; Lapierre, 2008).

Compromised mothering. Women who are subject to violence at the hands of their partners are more likely to report poor or very poor physical and mental health, as well as increased levels of stress (Helfrich, Fujiura & Rotkowski-Kmitta, 2008; Levendosky et al., 2000; Wilson, Silberberg, Brown & Yaggy, 2007). As a result, woman abuse can indirectly affect mothering through the development of mental health problems and the exasperation of physical health problems (Beeble, Post, Bybee & Sullivan, 2008; Helfrich et al., 2008; Holt et al., 2008; Humphreys et al., 2006; Wilson et al., 2007). The most common psychological health problems include depression, anxiety, stress, posttraumatic stress disorder (PTSD) and phobias, with prevalence ranging from 45 to 84%, while the most common physical health problems include chronic pain, gastrointestinal problems, sleep problems and back pain (Beeble et al., 2008; Harne & Radford, 2008; Helfrich et al., 2008; Levendosky & Graham-Bermann, 2001; Wilson et al., 2007). In general, personal parenting resources are depleted and daily living is significantly impacted by the above physical and psychological health problems

(Humphreys et al., 2006; Wilson et al., 2007).

In order to be diagnosed with PTSD one needs to suffer from re-experiencing, numbing/avoidance and hyperarousal, which can result after a single exposure to a traumatic event (Courtois, 2008). A diagnosis of PTSD does not accurately fit with those who have been exposed to chronic and enduring trauma, such as woman abuse, as the symptoms displayed are often much more complex (Herman, 1992). Complex traumatic stress disorder (CTSD) has been suggested as a descriptive label for prolonged and repeated trauma, as a result. The criteria for a diagnosis of CTSD includes alterations in: affect regulation, consciousness/awareness, self-perception, perpetrator perception, relations with others and systems of meaning, along with somatic symptoms and/or medial issues (Courtois, 2008; Herman, 1992).

The trauma symptoms resulting from CTSD can decrease control, warmth and parental effectiveness, as mothers may oscillate between hyperarousal and numbing while trying to regulate their internal state amongst the demands of parenting (Levendosky & Graham-Bermann, 2000). Mothers may be less attentive, less involved with and less empathetic toward their children as they tend to focus on daily living (Levendosky et al., 2000). Many mothers report spending less time with their children and having little energy to devote to their children and parenting, as well as suffering from low self-esteem and depleted coping mechanisms (Levendosky et al., 2000). CTSD can emotionally drain a mother while distancing her from her children (Holt et al., 2008; Radford & Hester, 2006). Mothering can also be made more difficult by feeling saddened, overwhelmed or frustrated due to the violence and distracting thoughts can hinder the ability to focus and interact with children (Harme & Radford, 2008;

Levendosky et al., 2000).

Depression, in particular, has been shown to mediate the link between woman abuse and parenting satisfaction (Banyard, Williams & Siegel, 2003; Jaffe & Crooks, 2005). It decreases a woman's ability to establish and maintain relationships, including those with her children (Helfrich et al., 2008). Routine activities and day to day coping may be extremely difficult and sometimes impossible for depressed mothers, which negatively impacts child management (Jaffe & Crooks, 2005). Depression, and other health problems, can decrease the energy needed to parent, while also decreasing the emotional availability mothers display toward their children (Helfrich et al., 2008; Holt et al., 2008; Humphreys et al., 2006). Anxiety keeps mothers "on edge" exhausting them emotionally and physically, lessening the time and energy they have for their children (Mullender et al., 2002). All of these effects can negatively impact a mother's ability to interact in meaningful ways with her children, as she is trying to cope with her trauma and health symptoms simultaneously (Helfrich et al., 2008). Many women, however, do not seek medical help for the above conditions for a variety of reasons (Wilson et al., 2007).

Mothers subject to woman abuse may use more physical aggression and corporal punishment with their children (Banyard et al., 2003; Levendosky & Graham-Bermann, 2000; Levensoky et al., 2000). However, some mothers use physical and corporal punishment to decrease the chances of greater damage being inflicted by their perpetrator, as it has been noted that some women mother externally, meaning they mother in ways to decrease the probability that their children may be harmed by the perpetrator (Humphreys et al., 2006; Jaffe & Crooks, 2005; Levendosky & Graham-

Bermann, 2000; Mullender et al., 2002). Some mothers report problems switching practices once removed from the violent situation, thus, a protective focus may continue despite what is good for their children (Lapierre, 2008; Mullender et al., 2002). However, corporal punishment is utilized by over 90% of American parents from non-violent homes so it should not be surprising that mothers from violent homes utilize it as well (Sullivan et al., 2000).

Emotional abuse, which often accompanies physical abuse, decreases the sense of authority and respect women harbour toward their mothering ability, both of which are necessary to parent effectively (Holt et al., 2008; Humphreys et al., 2006; Jaffe & Crooks, 2005). The issue of control is significant for survivors of woman abuse, as control is usually exerted over them by their abusers (Pele, Jaffe & Edleson, 1995). Some mothers have problems taking control and imposing rules on their children, due to their level of discomfort with control and what control implies, and others have problems being an authority figure (Holt et al., 2008; Peled et al., 1995). Other mothers report having issues establishing and communicating expectations for respectful behaviours from their children, as her partner was a poor role model for such behaviour (Jaffe & Crooks, 2005).

Enhanced mothering. Many mothering deficits in those who have survived woman abuse can be attributed to the increased stress that accompanies living in and surviving a violent situation (Buchbinder, 2004; Casanueva et al., 2008; Holt et al., 2008; Levendosky & Graham-Bermann, 2000; Levendoksy et al., 2000). However, the majority of research argues that mothering is not significantly different between abused and non-abused women and that surviving abuse can strengthen the mother-child bond under

certain conditions (Buchbinder, 2004; Casanueva et al., 2008; Holden, Stein, Ritchie, Harris & Jouriles, 1998; Irwin et al., 2002; Lapierre, 2008; Levendkosy et al., 2000; Sullivan et al., 2000).

Many women from violent homes highly value their role as a mother and being a mother sometimes saves women from the debilitating effects of abuse by allowing them to preserve their sense of worth (Irwin et al., 2002; Sullivan et al., 2000). Some mothers cite their children as the reason why they survived the challenges of living with violence, as they can be a source of happiness amongst the negativity (Irwin et al., 2002).

Generally, mothering improves once women and children are removed from a violent situation, with marked improvements being seen six months later (Casanueva et al., 2008; Lapierre, 2008). Many mothers increase their level of attention, caring, empathy and protection toward their children to make up for the traumatic conditions they were exposed to (Buchbinder, 2004; Holt et al., 2008; Levendosky & Graham-Bermann, 2000). Others spend more quality time with their children and some increase their use of consistency and creativity, using their imagination to help normalize new situations, such as living in second-stage housing, for their children (Casanueva et al., 2008; Irwin et al., 2002; Levendosky et al., 2000). Thus, some mothers actively work, and in some cases try to compensate, in order to buffer their children from the impact of violence while also trying to reduce the probability that their children will repeat similar patterns in future relationships (Casanueva et al., 2008; Levendosky et al., 2000).

Some mothers who are living, or were living, in violent situations are still able to be emotionally available to their children, hugging them and showing their love often, while also providing emotional coaching to their children (Katz & Windecker-Nelson,

2006; Sullivan et al., 2000). Supervision is not diminished by some mothers and discipline is exercised in a positive way through the use of time outs and deprivation of enjoyable privileges (Irwin et al., 2002; Sullivan et al., 2000).

According to children's accounts, their mothers are the best source of help and support during violent times and together they develop protective strategies in order to survive and thrive, thus, the value and importance of the mother-child bond exists despite the violence (Humphreys et al., 2006; Lapierre, 2008). Children also report that their mothers exercise less negative behaviours than non-abused mothers, which is contrary to popular belief (Levendosky et al., 2000).

Child Safety: Policy, Law and Practice

Children under the age of five years old are disproportionately present in homes in which woman abuse occurs and from 1994 to 1999 roughly half a million Canadian children directly or indirectly witnessed woman abuse (Bourassa, 2007; Katz, Hessler & Annett, 2007; Levendosky, Huth-Bocks, Shaprio & Semel, 2003). Children who are exposed to woman abuse have similar reactions and developmental consequences as those who are directly abused, either physically or sexually (Chiodo, Leschied, Whitehead & Hurley, 2008; Jarvis, Gordon & Novaco, 2005; Meltzer, Doos, Vostanis, Ford & Goodman, 2009). Woman abuse is a risk factor for child abuse, with estimates of co-occurrence ranging from 30 to 70%, and the negative impact of such violence on children's development is increased in situations where dual abuse occurs (Bourassa, 2007; Holt et al., 2008).

In recent years there has been substantial debate over the notion of including witnessing woman abuse as child maltreatment under child protection laws (Chiodo et al.,

2008; Edleson, 2004; Nixon, Tutty, Weaver-Dunlop & Walsh, 2007). If it is included, it is proposed that child protection workers may be more aware of high-risk families, thus, increasing intervention and access to services for children in need. It may also increase parents' protection of their child if they know exposure is considered maltreatment. On the other hand, it may further perpetuate the "mother blaming" society, addressed earlier, and some women may be hesitant to disclose their abuse for fear of the repercussions, such as child apprehension (Nixon et al., 2007).

As of 2007, only six of the ten Canadian provinces included exposure to woman abuse under child maltreatment legislation (Nixon et al., 2007). Ontario was, and still is not, one of those provinces, as the Child and Family Services Act does not explicitly reference childhood exposure to woman abuse (Critical Connections: Where Woman Abuse and Child Safety Intersect, 2010; Nixon et al., 2007). However, childhood exposure to woman abuse can be incorporated under Ontario's Child Welfare Eligibility Spectrum - Adult Conflict (section 3, scale 2) as a form of emotional harm (Nixon et al., 2007; Ontario Child Welfare Eligibility Spectrum; 1997).

Children's Aid Societies in Ontario use a risk assessment tool which measures emotional harm to children and incorporates woman abuse via adult conflict and partner violence (Critical Connections: Where Woman Abuse and Child Safety Intersect, 2010). The levels of severity are clearly outlined and child protection intervention is possible if the violence is classified as moderately or extremely severe (Nixon et al., 2007). Specifically, all referrals to Ontario Children's Aid Societies are screened for woman abuse, however, exposure to woman abuse does not warrant child protection action (Critical Connections: Where Woman Abuse and Child Safety Intersect, 2010).

Intervention occurs when adult behaviour has a direct or observable impact on a child's safety and/or when a child is either harmed or in danger of being abused or neglected (Critical Connections: Where Woman Abuse and Child Safety Intersect, 2010). If it is concluded that a child is being harmed, Ontario Children's Aid Societies will engage the family unit in voluntary change, to increase safety and decrease harm (Critical Connections: Where Woman Abuse and Child Safety Intersect, 2010). If this is not successful or possible, the courts will become involved as the child is in need of protection (Critical Connections: Where Woman Abuse and Child Safety Intersect, 2010).

It is imperative that child protection services and woman abuse services collaborate in the best interest of children and mothers from violent homes (Chiodo et al., 2008). When Children's Aid Societies assume care of children it may not be beneficial to separate the mother and child from one another, as this can be a form of revictimization resulting in graver developmental consequences for the child (Chiodo et al., 2008; Nixon et al., 2007; Raghunandan & Leschied, 2010).

Kinship services have become the preferred course of action by many child welfare agencies as part of a new wave of dual victim treatment, which services both victims of woman abuse, the child and mother, equally (Raghunandan & Leschied, 2010). Kinship services is a living situation in which the child is cared for by someone they have a previous relationship with, including grandparents, uncles, aunts or close family friends (Raghunandan & Leschied, 2010). These services promote identity formation while increasing self-esteem and reducing adjustment, behavioural and educational problems (Raghunandan & Leschied, 2010).

Developmental Stages and the Impact of Woman Abuse on Children

Infants and toddlers. Children of this age have not developed verbal language ability, thus, they need to rely on their senses to understand their environment (Cunningham & Baker, 2007; Santrock, 2007). As a result, the loud noises associated with woman abuse can be highly distressing to infants and toddlers and many exhibit trauma symptoms due to the environment they are raised in (Bogat, DeJonghe, Levendosky, Davidson & von Eye, 2006; Cunningham & Baker, 2004; Holt et al., 2008).

It is vital that children of this age form attachments with adults around them. A secure attachment, consisting of a balance between environmental exploration and reliance on a caregiver for support and comfort, is optimal, since active play and discovery develop in this stage of life (Cunningham & Baker, 2007; Santrock, 2007). Due to woman abuse, many infants and toddlers fail to form secure attachments with their caregivers, especially their mothers, as responsiveness may be inconsistent, negatively impacting the mother-child bond (Cunningham & Baker, 2004; Holt et al., 2008). An infant or toddler's sense of safety, comfort and trust is compromised as a result of woman abuse, which has developmental consequences, such as a delay in the development of autonomy (Holt et al., 2008; Osofsky, 1999).

Modelling by adult figures is important as children of this age learn about social interaction and relationships from the caregivers in their lives (Cunningham & Baker, 2007). Children of this age may mimic aggression in their play, due to the modelling displayed by violent parental figures, and exploration may be limited due to fear of the unpredictable environment (Cunningham & Baker, 2004). In addition, infants and

toddlers from homes where there is woman abuse may have disrupted sleeping and eating patterns, they may be excessively vocal and they may be slow to reach specific developmental milestones, such as their first word (Bogat et al., 2006; Holt et al., 2008; Hornor, 2005; Osofoky, 1999).

Preschoolers. The expression of emotions starts to form and develop in this stage, thus, it is imperative that children of this age are taught how to express these emotions appropriately (Cunningham & Baker, 2007). Due to witnessing woman abuse, preschoolers can be aggressive and throw tantrums, since they do not know how to verbalize their strong emotions (Holt et al., 2008). However, it is also common for them to be mute or withdrawn (Hornor, 2005; Katz & Windecker-Nelson, 2006). Independence is developing during this stage, as children want to make their own choices and be their own person, and woman abuse can hamper its development, due to the unstable and chaotic environment (Cunningham & Baker, 2007; Levendosky et al., 2003).

As children begin interacting with their peers and adults outside the home, they form ideas about what it means to be a boy or a girl. The messages they receive from various sources teach them about appropriate gender roles, which significantly shapes their idea of self (Cunningham & Baker, 2007). The gender roles associated with woman abuse, usually males as perpetrators and females as victims, may become engrained, having significant impacts in later romantic relations (Cunningham & Baker, 2004). Preschoolers think egocentrically, meaning they are unable to differentiate between their perspective and that of another, and they may feel that the abuse is due to something they did, as a result (Cunningham & Baker, 2007; Santrock, 2007).

In general, preschoolers can be extremely anxious and clingy with their caregivers

due to witnessing woman abuse while also having terrifying nightmares and other trauma symptoms (Hornor, 2005). Regression in developmental stages is also common, with many preschool children having issues with bed wetting (Cunningham & Baker, 2004; Holt et al., 2008; Hornor, 2005; Osofsky, 1999). Some preschoolers suffer from psychosomatic problems and disengagement in order to cope with the violent atmosphere, as well (Holt et al., 2008).

School age children. During this stage children are becoming more and more aware of their own emotions and those of others (Cunningham & Baker, 2007). However, some children show deficits in emotional development due to woman abuse. Specifically, they tend to be less aware of their own emotions, particularly when it comes to distinguishing one emotion from another, and they tend to have less control over their negative emotions (Katz et al., 2007). Their self-concept is developing further, as they are experiencing success in various areas of life, including at school, in sports and with friends (Cunningham & Baker, 2007). However, exposure to woman abuse causes many school age children to show deficits in academic and school performance due to limited attention and distracting thoughts (Cunningham & Baker, 2004; Hornor, 2005; Holt et al., 2008; Osofsky, 1999).

Children begin associating more and more with their same sex peers upon enrolment in school (Cunningham & Baker, 2007). Social problems become more evident in this stage, as the chances of bullying and being bullied increase dramatically due to the perception of aggressive cues from peers (Holt et al., 2008; Osofsky, 1999). School age children are capable of increased complexity in thinking, especially in terms categorizing good and bad and right and wrong (Cunningham & Baker, 2007). Thus,

many children may blame themselves for the abuse as justification and rationalization for the observed behaviour is possible, such as “I’m bad” and “that’s why daddy hit mommy” (Cunningham & Baker, 2004; Horner, 2005; Holt et al., 2008).

Adolescents. Adolescence is a time of increased autonomy, as independence is gained through making some major life decisions. Parents play a significant role in allowing control and responsibility to develop in their adolescents during this time (Cunningham & Baker, 2004). However, some adolescents tend to mature faster than they should in homes where woman abuse is occurring, as many take on care-taker roles for their younger siblings and protector roles for their mother (Cunningham & Baker, 2004; Holt et al., 2008). The result is parentification, which creates a loss of childhood and significant emotional distress (Holt et al., 2008). Peer relationships are still vitally important and influential in adolescence, however, the interest in romantic relationships increases substantially during this stage (Cunningham & Baker, 2004). The establishment of romantic relationships can be problematic, as adolescents from abusive homes usually avoid intimacy or engage in it prematurely (Cunningham & Baker, 2004; Holt et al., 2008).

Self-understanding is much more complex and intricate in adolescence, as abstract and idealistic thinking is possible, and the idea of the self changes from situation to situation, although it is heavily dependent on physical attractiveness (Cunningham & Baker, 2004; Santrock, 2007). Due to the importance of the physical body, some adolescents’ may experience body issues and a distorted sense of self as they watch the perpetrator degrade and physically assault their mother (Cunningham & Baker, 2004). Emotions tend to fluctuate between extreme highs and lows in adolescence while secrecy

and shame are two common emotions adolescents feel as a result of woman abuse (Cunningham & Baker, 2004). Adolescence is usually characterized by rebellious behaviour, but this is more pronounced in those from abusive homes (Honor, 2005). Skipping class and dropping out of school occurs often and experimentation with drugs/alcohol is also common as a means to cope with the violence (Holt et al., 2008; Honor, 2005).

Developmental trajectories. Adults who witnessed woman abuse as children may suffer from posttraumatic stress disorder, depression, anxiety, eating disorders, personality disorders, substance use, academic, intellectual and somatic problems and overall psychological symptoms (Arias, 2004; Henning, Leitenberg, Coffey, Turner & Bennett, 1996). Adults may have multiple sexual partners and poorer overall health, due to a heightened stress response initiated in childhood (Arias, 2004).

In terms of relationships, adults who witnessed woman abuse as children may have issues developing emotional resources which are stable, they may not trust others and violence may be readily accepted as a means to solve conflict (Arias, 2004). They may fear abandonment and resist expressing certain emotions, like anger (Von Steen, 1997). Avoidance of things which may remind them of the past is also common, especially in relationships with siblings as the roles assumed in childhood may persist (Von Steen, 1997). With partners, adults may be passive in order to preserve their sense of safety (Von Steen, 1997). It is common for adults to have an increased startle response, to things such as yelling or unexpected touch, and they may experience emotional numbing and re-experiencing of the violence, all of which are consistent with PTSD (Von Steen, 1997). In addition, they may bottle their emotions and internalize them in an effort

to avoid discussing how they feel about their past (Von Steen, 1997).

Help Seeking by Abused Women

In general, only a small portion of women seek help for the abuse they are or were subject to. Of those who seek help, roughly 18% contact police, 25% contact social services and 11.5% contact mental health specialists, however, the rates increase to 45, 53, and 19.5%, respectively, when children are exposed to the abuse as well (Statistics Canada, 2001). The statistics noted above are for women who come forward and disclose their abuse, thus, help seeking behaviours are potentially lower than those quoted. However, it does appear that of those coming forward more and more are engaging in help seeking behaviours (Statistics Canada, 2001).

Of the women who seek help, some report that organizations reinforce their abuse by offering ineffective protection, by failing to recognize the costs of leaving and by not recognizing that abuse is unacceptable (Bostock et al., 2009). Others report that organizations challenge the abuse by taking their side and by offering a common bond and effective help (Bostock et al., 2009). Approximately half of the women in Bostock et al.'s 2009 study reported that they used an outreach and support group in their healing journey. Groups normalize and validate the experiences of participants, while decreasing isolation and stigmatization, which comprise the underlying principles of Relational Cultural Theory (Banks, 2006; Corey & Corey, 2006; Jordan, 2001). Groups also offer hope and instil optimism in participants while they learn from and interact with others in similar situations with similar experiences (Bostock et al., 2009; Corey & Corey, 2006).

Unfortunately, few group programs exist specifically for mothers who are living with or have survived woman abuse. Traditionally, support and help was offered to

mothers on an individual basis during crisis or problematic circumstances (Paddon, 2006). Community programs for mothers are becoming more popular and one in particular called The Community Group Program for Women and Children Exposed to Woman Abuse is currently being offered in Ontario, Canada through various community agencies and organizations. The program runs for twelve weeks and is concurrent in nature, thus, mothers and children participate in separate groups in which the curriculum runs parallel in both (Paddon, 2006). The themes and concepts covered are similar in each group, however, they are presented differently (Paddon, 2006). For the mother's group, in particular, the vision is to provide them with information and support to best understand their children's perspective, thus, supporting their children as they progress through the program (Paddon, 2006). This vision is achieved through a combination of psychoeducational components and information sharing along with support and encouragement throughout the healing journey.

The Present Study

This study was part of a larger evaluation of The Community Group Program for Women and Children Exposed to Woman Abuse (The Community Group Program) offered through three agencies and organizations in a large city in Ontario, Canada. This study, specifically, looked at the influence of woman abuse on mothering based on the personal accounts of women who voluntarily enrolled in the group program. The women were interviewed to determine how they think the violence they live with or have lived with impacts their mothering. The following questions were posed to the women:

- 1) What do you want to achieve from participating in the group?

2) How would you define success for you and your child/children from this group participation?

3) How do you think violence in your home has impacted your child/children?

4) Do you think the violence has impacted your parenting? If yes, in what ways?

For this particular study, questions 3 and 4 were the focus of analysis. However, if relevant information was presented in questions 1 and 2, with respect to the impact woman abuse has on mothering or the impact woman abuse has on children, it was also incorporated into analysis. It was expected that the women's responses to question number four would consist of negative impacts, as well as strength-based improvements, which is consistent with the literature discussed above. However, specific hypotheses were not generated, as it is important for the women's voices to speak for themselves and their experiences to be heard.

Method

Participants

Eighteen women enrolled in The Community Group Program through three agencies and organizations in south-western Ontario participated in this qualitative study ($M = 36.75$, $SD = 4.7$). All the women were self-referred or referred by professionals within the community to the program and they ranged in age from 31 to 48 years old.

Materials

All women who wished to participate in this study were provided with a letter of information so they were informed of the nature of the study before they agreed or refused to participate (Appendix B). Each woman was also provided with a consent form, which was signed before participation in this study, if they chose to partake (Appendix

C). Each woman was interviewed and asked the questions listed above. Some questions was followed by prompts, if applicable. Specifically, question three (how do you think violence in your home has impacted your child/children?) was followed by an exploration of how woman abuse affects boys and girls differently and question four (do you think the violence has impacted your parenting? If yes, in what ways?) was followed by an exploration of how mothering differs for sons and daughters due to woman abuse.

Procedure

Ethical approval was obtained by the Faculty of Education Sub-Research Ethics Board for the original evaluation of The Community Group Program (Appendix A). Permission was granted to utilize the interview data from the original proposed purpose (Appendix B). Before commencement of The Community Group Program the members were approached by the researcher and informed about this study. They were invited to participate during the first group session and those who were interested signed up during that session or contacted the researcher at a later date. All interviews took place between session one and session two, thus, interested participants needed to contact researchers before that date.

All interviews took place in one of three locations: the woman's home, the group meeting room or a room at the local university. The location was the woman's choice to maximize her comfort level in the situation. The meeting time was also the woman's choice, as well. The women were read the letter of information and consent form upon arrival for the interview, as it was not assumed that all participants had the literacy skills necessary to process the information contained in the documents.

All women were required to sign the informed consent form, after being given

important information about their participation in both written and verbal form. They were told that the facilitators of The Community Group Program would not be informed of their decision to participate, and further, that their decision to participate or refuse had no effect on their group involvement (as the two processes were completely separate). They were also told that they could change their mind about participating in the study at any time or that they could decline to answer certain questions during the course of the interview even if they wished to participate. Lastly, permission was sought to tape record and transcribe the interviews before proceeding with any prescribed content, as written in the letter of invitation and informed consent (Appendix C). The length of the interviews, including all questions, ranged dramatically, from as little as 14 minutes to as long as 90 minutes, depending on how much information the women divulged.

Analysis

The current study is a hybrid of phenomenological and narrative methods. Steps outlined by Moustakas (1994) (as cited in Creswell, 2007) for phenomenological analysis, steps outlined by Creswell, Hanson, Plano Clark and Morales (2007) for narrative analysis and steps outlined by Creswell (2003) for general qualitative inquiry were incorporated.

The interviews were transcribed verbatim then they were read several times to gain a sense of the overall meaning and message of the content. From this initial reading, a preliminary hierarchical coding structure was developed using RCT, in combination with the information known about woman abuse and mothering, outlined in the literature review of this study. Generating a coding scheme through a triangular approach leads to a richer development of codes and, ultimately, themes that emerge.

The parent nodes, or broadest categories of classification for interview content, form the overarching themes of this study. These parent nodes contain many child nodes underneath, in a tree-like structure, allowing the parent nodes to be broken-down and discussed in detail. The themes and sub-themes comprise the major finding of this study and were the focus of discussion using multiple personal perspectives and specific quotations from participants. The themes were then discussed in terms of the four structural supports utilized in this study (RCT, Feminist Theories, Trauma Theories and the sociocultural view of mothering), to determine the degree of convergence or divergence, while implications for counselling and questions for future research were also posed.

Responses to questions three and four (inquiring about the impact of abuse on mothering and their children) were coded first, since they were most relevant to this study. Statements that fit in the parent and child nodes previously established were coded appropriately. However, through the process of coding the original hierarchical structure changed and evolved with the data, as some nodes had no information classified under them and other nodes had to be created to fit relevant data. Responses to questions one (inquiring about the outcomes from group participation) and two (inquiring about the success of group participation for themselves and their children) were also coded, as it was determined that significant information for the purposes of this study was contained in those answers. See Appendix D for the coding scheme utilized in this study.

The coding of the interviews was checked several times, for appropriateness or lack of appropriateness, before a reliability check was conducted by this study's supervisor on the data. A single interview was coded using the final coding scheme

which emerged out of this study.

NVivo (version 8), a computer program developed by QSR International, was used to code and analyze the interview data. NVivo allows researchers to sort and shape very complex material while presenting opportunities to query data in unique ways. The decision to use NVivo, as opposed to manual coding, was to enhance the richness of the data. NVivo allows researchers to code specific pieces of information at as many nodes as desirable, which is extremely difficult via manual coding (Price, 2004; Welsh, 2002). NVivo was also chosen for the memo and journal features, which help record and later reflect on emerging ideas and thoughts that were beneficial when writing the discussion section of this study (Price, 2004; Welsh, 2002). NVivo, or similar computer programs, are not the only factors influencing the analysis of qualitative data, as a researcher's personality, values, beliefs and other characteristics shape how they interpret, perceive and conceptualize information.

Personal Perspective

My perspective, understanding, conceptualization and approach to this study is rooted in my childhood and educational background. I grew up in a small city in which everyone knew everyone and connection within the community was the norm. This sense of interdependence is now part of who I am and what I value, hence my adherence to RCT. In university I studied psychology and had a great interest in women's studies. My eyes were opened to the oppression women face in society, which sparked my interest in Feminism and the unique issues faced by women. This interest led me to study body image in undergraduate and middle age women for my Undergraduate thesis and now woman abuse for my Masters thesis.

I am a Caucasian woman from a working class background. Being Caucasian entails much power, as the white race is deemed superior by much of society. However, being female and of working class dilutes some of the power inherent in my race, as women are considered secondary to men and working class individuals are lower on the hierarchy of economic classes. This unique power dynamic certainly had an impact on how I interpreted the data in this study. Even though I attempted to be keenly aware of many of the issues faced by the women in this study, being Caucasian I do take certain things for granted that women of other nationalities and races cannot. Overall, I feel my upbringing in a lower socioeconomic class and being female placed me in a suitable position to analyze the data while being sensitive to the participants' experiences.

As a counselling psychology student I am coming from a place of naivety and insight, jointly. Through my education I have realized how woman abuse has permeated my life. For generations the women in my family have been emotionally and verbally controlled, intimidated, degraded and belittled by the men in their lives. This new found insight is horrifying and very saddening to me. I stood by for years and allowed this to happen to women I care so deeply for, which highlights the strategic nature of woman abuse. I feel much sympathy and compassion for women who experience abuse and I feel it is highly important for their voices to be heard, as the women in my life have been silenced in multiple ways.

Results

Eighteen women, ranging in age from 31 to 48 years ($M = 36.5$, $SD = 4.7$), were interviewed for this study and asked four questions:

- 1) What do you want to achieve from participating in the group?

2) How would you define success for you and your child/children from this group participation?

3) How do you think violence in your home has impacted your child/children?

4) Do you think the violence has impacted your parenting? If yes, in what ways?

They comprise a variety of socioeconomic and ethnic backgrounds, however, thirteen (76.5%) were born in Canada and were Canadian citizens. Of those who were not born in Canada, their length of residence ranged from 2 to 6.5 years. Eleven women reported annual incomes of less than \$25,000, while 5 reported income levels exceeding \$30,000. The source of income included employment ($n = 5$), disability/insurance ($n = 4$), welfare ($n = 6$) and support from an ex-partner ($n = 1$).

A reliability check of the data was conducted. Reliability was determined based on consistency between the writer's classification of interview data into codes and independent classifications of the same interview data by a psychologist with considerable experience working with women who have experienced abuse and trauma. The inter-rater reliability for this study was .96, which is considered outstanding (Landis & Koch, 1977).

From 18 verbatim transcripts, 515 significant statements were coded into three major themes. Table 1 contains the three major themes, along with their sub-themes, and their associated meanings.

The theme Mother-Child Relationship contains the most sub-themes, with 13, while Connection/Isolation contains 7 and Mothering contains 3. It should be noted, however, that each sub-theme is further broken down into more specific themes. For example, Enhanced under Mothering is further broken down into Affection, Attention,

Table 1

*Three Major Themes, and Sub-Themes, Along with their Associated Meanings
Formulated From 18 Transcribed Interviews*

Major Theme	Sub-Theme	Associated Meaning
Connection/ Isolation	Alone	Mother and/or children feel alone with woman abuse.
	Community	Mother and/or children feel a connection, or lack of, to their neighbours.
	Family	Mother and/or children feel supported or dismissed by extended family.
	Friends	Mother and/or children experience a decrease or increase in friendships as a result of woman abuse.
	Maintaining Secrecy	Mother and/or children actively work to keep the violence a secret from others.
	Self	Mothers feel a sense of disconnect with themselves due to the violence or a sense of reconnect following the violence.
Mother-Child Relationship	Silenced	Mothers and/or children lack a voice.
	Authenticity	Mother and/or children act in ways that are not congruent with the person they wish to be or mother and/or children are genuine about the person they are.

	Closeness	Mother and children have an open relationship, which is nurturing, or they experience disconnect between them.
	Communication	Mother and children have open communication or their communication is not sufficient and may be closed.
	Fear	Mothers are fearful of things, which limits their connection with their children.
	Guilt	Mothers feel guilty, which limits their connection with their children.
	Mutuality	The mother-child relationship is unbalanced and the child takes on roles that aren't appropriate for their age.
	Regret	Mothers regret life decisions, which limits their connection with their children.
	Shame	Mothers experience shame over their decisions, which limits their connection to their children.
Mothering	Compromised	Mothers feel their mothering suffered as a result of the violence, in various ways.
	Enhanced	Mothers feel their mothering improved as a result of the violence, in various ways.
	Self-Expectations	Mothers endorsed or refuted common myths about mothers and mothering perpetuated by society.

Availability, Compensation, Consistency/Routine, Creativity, Emotion Coaching, Fight, Good Parent, Hope, Intuition, Lessons, Normalcy, Patience, Persistence, Protection, Relaxed, Sense of Purpose, Structure, Support and Zest. See Appendix D for a complete break-down of the coding classification used in this study.

According to Strauss and Corbin, as cited in Heppner and Heppner (2004) themes should be classified based on how many participants endorse them. A theme is classified as “general” when every participant mentions it, “typical” when over half the participants mention it and “variant” when less than half the participants mention it (Heppner and Heppner, 2004). As a result, Table 2 contains the amount of general, typical and variant themes present in this study.

Only one sub-theme would be classified as general, 15 as typical and 7 as variant. The sub-theme Compromised was the most frequently endorsed of these while Appreciation was the least endorsed.

Methodological Rigour

Following Yeh and Inman’s (2007) suggestions various measures were taken to increase the trustworthiness, reliability and validity of this study. I was highly reflective through the entire process of analyzing the data. I read the transcripts multiple times, noting significant statements/phrases as I read. I spent much time assessing the content of the transcripts and conceptualizing the themes and sub-themes contained in them. Despite the coding scheme that was conceptualized prior to coding the transcripts, I continually revised the structure: creating new themes and subthemes, omitting others and moving others still which conceptually fit elsewhere. This revision of categories continued until data analysis was complete.

Table 2

Classification of Theme and Sub-Theme Frequencies Formulated from 18 Transcribed Interviews

Theme	Sub-Theme	Number of Quotes	Number of Women	Classification
Connection/ Isolation	Alone	22	14	Typical
	Community	7	5	Variant
	Family	12	8	Variant
	Friends	22	11	Typical
	Maintaining Secrecy	5	3	Variant
	Self	24	13	Typical
	Silenced	12	4	Variant
Mother-Child Relationship	Authenticity	23	12	Typical
	Closeness	53	16	Typical
	Communication	57	16	Typical
	Fear	51	15	Typical
	Guilt	57	16	Typical
	Mutuality	19	10	Typical
	Regret	25	12	Typical
Mothering	Shame	30	13	Typical
	Compromised	158	18	General
	Enhanced	139	17	Typical
	Self-Expectations	39	16	Typical

*General: mentioned by all participants, typical: mentioned by half of participants, variant: mentioned by less than half of participants.

Upon receiving the transcripts, I kept a journal noting my thoughts, ideas, assumptions, reactions and questions spurred by the data. Throughout the processes of reading the transcripts, creating the coding scheme and coding the data I wrote in this journal to track my progress and my potential biases. For example, the first journal entry outlines my assumptions and expectations before reading the transcripts and the entries later in the data analysis stage note changes made to the coding scheme and why they

were made. Lastly, I consulted with my colleagues who were conducting qualitative theses about methodology and I continually conferred with my supervisor, who ensured that my progress during the data analysis phase of this study was satisfactory.

Theme 1: Connection/Isolation

In this theme, the women spoke of the connection, or lack of connection, they and their children have to others in their lives, including family, friends and community members. They also spoke of the connection they have to themselves as women and mothers and the loneliness, secrecy and silence they and their children experience.

Subtheme 1: Alone. Many women reported feeling alone with their experience of violence and realizing that they are not through group work with others in similar situations:

“And you realize you’re not the only one.”

“I was like oh my god I’m not the only one who feels like this and you think you are and you’re the only person who ever had this feeling before and it opened my mind to the possibility that there may be other people who feel like me”.

Mothers also hoped that their children would come to similar realizations about the aloneness they were experiencing through group work with other children their age:

“It’s nothing to be embarrassed about and there are other kids out there who have gone through this and survived this, that they’re not alone in this.”

“I’m hoping that he sees that he’s not the only one...”

Subthemes 2 & 3: Maintaining secrecy and silenced. Mothers reported active efforts on their part, and on the part of their children, to conceal the reality in their homes, by deflecting questions from others who inquired into their troubles. Mothers also went to

great lengths to “cover up” their abusive partner’s behaviour from their children by justifying and normalizing it. Another mother disclosed refusing efforts of a service worker who tried to help her: “She tried talking me into going to CAS as well, and I’ve been saying “no, no we’ll work this out, we’ll work it out.”

Women reported experiencing silencing in their lives, as well. Some were silenced by their partners, as they were not able to express their opinions or speak to people in their homes. One mother was silenced by her children, as they were concerned for her welfare if she “stood up” for herself, and another was silenced through the process of child custody negotiations, as she reported that her concerns about her children’s safety were dismissed.

Subtheme 4: Self. Some women were able to reconnect with the essence of who they are as mothers. One mother recalled “walking on eggshells” and yelling at her children constantly while in the abusive relationship, however, she reconnected with the mother she wished to be following the end of the relationship, reporting that she yelled less and was more relaxed. Another mother reported being on the road to reconnection as she was “learning more about [herself].”

The majority of mothers, however, spoke of the disconnect they experienced with themselves and the mothers they wished to be. Mothers spoke of being blocked from fully experiencing themselves, one due to her anger over the abuse her children had to endure and one was stuck and needed to be pulled to the next level. One mother withdrew from her friends because she was uncomfortable in her own skin and another lost touch with what happiness meant to her. Several mothers reported a journey of healing, through statements such as “trying to learn how to...be us again”, that must take place in order to

re-discover their essence.

Subthemes 5, 6 & 7: Community, friends and family. Connectedness with communities was rarely disclosed by mothers, as only one spoke of having “a good community support system.” A few of the women reported distancing from their neighbours, reflected in statements such as “that bad neighbourhood that we lived in”.

Another spoke of the challenges her son presented for her community connections:

“He started trying-not wanting to go to people’s places, like we made friends with new people down here in the town house. And, he’s started saying things like: “oh, this kid’s cheating and he’s lying”, and all this stuff. And of course my friend heard it over the phone and says “what’s that all about.” And I says, “oh, [he’s] having some problems right now.” So it’s-they understand, but it’s hard to take.”

Some mothers spoke of distancing in their friendships or their lack of friendships, as one woman reported having “nobody” and another talked about her one friend who was difficult to spend time with. Those reporting friendships spoke of problems within them, including a lack of understanding from married friends and judgement from friends who thought a year was enough time to “get over” the abuse. However, other mothers discussed new friendships they formed through various services sought, such as a mutual aid parenting group. For example, one mother formed a strong bond with another woman when seeking help and this woman became a role model and a large source of support for her. Others reported having friends with things in common, such as being a single parent, who were highly understanding and easy to connect with.

In terms of family life, only a few mothers reporting having supportive and available extended family. One woman received much support from her mother and

another reported having her father, his partner and her maternal grandparents. Other women reported having little or no one from their families to rely on; this experience was more pronounced for immigrant women. One mother moved away from her family to please her partner and now feels “stuck”, which caused distance between her and her family, who she only sees twice a year.

Theme 2: Mother-Child Relationship

In this theme, mothers spoke of the qualities that characterize their relationship with their children, including authenticity, communication, closeness and mutuality. They also discussed the emotions, including fear, guilt, shame and regret, that interfere with their connection to their children.

Subthemes 1 & 2: Authenticity and communication. Mothers described authenticity in the mother-child relationship as lacking or present for themselves and for their children. Several mothers spoke of entering “survival mode” due to the violence and how this prevented them from being their true selves. Specifically, “walking on eggshells”, high levels of fear and anger and “checking out” of mothering were things noted to block authentic connection with themselves and, thus, their children. As one woman said about her relationship with her children, “I think we’ve always been really close and connected with everything we’ve done, so it’s more, let’s try to make ourselves feel better and get help and try to get ourselves back to who we are.”

In terms of their children, mothers described authenticity as lacking, more than present. Only two mothers described their children as able to express their emotions and be vulnerable with their feelings. The majority of children were described as guarded, closed off and shut down. “He’s not really ready to talk about it, we haven’t really talked

about that night since”, is how one mother described her child, while another said that “you have to be extremely encouraging to draw her [daughter] out”.

In general mothers described their communication with their children as open, closed or not sufficient. The mothers said that many of their children were able to talk about how they missed their fathers, and their fears due to the violence, but most of them had trouble talking about the actual violence and how it affects them. Several mothers spoke of recognizing the behavioural impacts of violence, such as bed wetting and angry outbursts, but many wished their children could communicate how the violence makes them feel. One mother pointed out the discrepancy between male and female children’s communication when she said, “Boys are so strong and so they didn’t tell me about a lot of stuff that happened until after it was over. I wonder if it had been girls if it had been more in your face, if they’d be letting you know...I mean girls don’t bottle it up as much.” In general mothers reported that male children internalized their feelings while female children tended to be open to communicating.

Subthemes 3 & 4: Closeness and mutuality. Mothers in this study discussed their relationship with their children as close or distant and disconnected. Closeness was revealed in statements such as:

“We did our therapy, we got books from the library, and we just were able to talk it out and cry and everything else.”

“We’re so much closer as a family...and we cuddle all the time the three of us.

“He’s a 13 year old boy who every once in a while says “mommy” and tells me I’m beautiful.”

For those families where distance was described many children were not ready to open up

and talk with their mothers, as they were “escaping”, and mothers were trying to heal and find themselves again.

Most mothers spoke of the mutuality in their relationship with their children as unbalanced, such that their children were taking on age-inappropriate roles. Several mothers spoke of the parentification of their children, as is evident in the phrases below:

“He takes on the role of an adult.”

“When he sees his mum-mum crying and depressed, it’s not his job to care for and comfort his mum-mum. He thought he’s the man of the house now, he has to take care of his mum. But that’s too big a burden for a child.”

For many children this parentification was linked with protection, as most felt like they had to protect their mother and their siblings:

“She felt a need to protect, protect her brother and protect me. She’s put herself in different positions before that she shouldn’t have. Put herself at risk.”

“He’s very protective over me and he’s very protective over his sisters and he’s 11 years old.”

Some children took protecting their mother’s so seriously that they would deliberately get suspended from school to check on them or they would refuse to go to school at all. Being a protector is confusing for some children, however, as noted in the story below told by one mother:

“He actually stood up to his father one time regarding me...with his father becoming quite angry with him and me saying “please don’t, I don’t want you to have to do this”. I hurt him more than his father did...I could see the hurt. The hurt wasn’t that his father was doing the hurt it was that I had told him not to do it and

he thought he was protecting me when really I was trying to protect him.”

Subthemes 5, 6, 7 & 8: Fear, guilt, shame and regret. Some mothers reported high levels of fear in their homes for themselves and their children, and behaviours such as door checking, sleeping with phones and carrying weapons were common. For one mother in particular her nightmares were disabling as she feared her abuser was in the room as she slept. Fear of the perpetrator, for both the women and their children, was also common. Some mothers feared separation from their children, due to their lack of control in those situations, and some children feared leaving their mothers, “he’s very unsure about being without me.” However, most mothers were fearful about the cycle of abuse, as many female children were imitating their mothers’ actions, “she’s parodying me and it’s awful to see”, and many male children were imitating their fathers’ actions, “he does get abusive when he gets into a mood...”

Mothers spoke of the guilt they felt for exposing their children to violence. Several commented how it is not fair for their children to have seen the things they did while others spoke of the lack of normalcy their children grew up with. One mother said, “how many times I didn’t leave because I thought that it would help them to stay, how twisted.” Many mothers also reported feeling guilty about depriving their children of a father and separating their nuclear family. Children who blamed their mothers for leaving their fathers or for staying with him for so long only exasperated the guilt felt by many women.

Along with their feelings of guilt, many mothers spoke of feeling shamed due to their family’s circumstance. One mother reported being shamed when her son’s best friend heard the violence and the neighbourhood saw the authorities come to her house.

Another said, "I don't know why I always end up with that kind of man", implying shame. Shame was also discussed by the women in terms of the negative impacts witnessing abuse had on their children. Additionally, several mothers expressed regret about staying in the abusive relationship and exposing their children to violence.

Theme 3: Mothering

In this theme, the women talked about how their mothering was impacted by their experience with woman abuse in two distinct ways, either enhanced or compromised. They also discussed various expectations they placed on themselves, as mothers, many of which are myths about mothering perpetuated by society.

Subtheme 1: Enhanced mothering. In general, the women reported enhanced mothering in characteristic and functional areas, including positivity/hopefulness, a sense of purpose and renewed energy, increased availability, establishing routine/consistency, teaching lessons/creativity, protection, intuition and patience/persistence. Several women thought they were good mothers given the circumstances of their situation, as they spoke of trying "very hard to do as well as [they] could" while trying to be "the best possible parent [they] could be." As one mother said, "the more negative things that were going on with me the more it drove me to try hard to be positive with them. So, I feel they got the best of me [on] the whole."

Some women found a sense of purpose through their mothering, as several cited their children as their "reason to live". Mothers also expressed a new energy for life in statements such as, "this is a year that I'm...not gonna put up with a thing from anybody". The purposefulness and zest the women rediscovered helped them relax in their mothering role, as one women said, "it's like a cloud, a dark cloud coming off us".

Many mothers discussed their increased availability to their children following the violence. Some mothers increased the level of affection they displayed toward their children and others increased their efforts to engage with their children. Several spoke of being hypervigilant to changes in their children's behaviour while others focused their efforts on being supportive in their children's healing. When children did not want to talk to their mothers, a few women directed them to other adults, thus indirectly supporting them. Some mothers took availability to an extreme, however, and compensated by "trying too hard" to make up for losses in their children's lives, as one mother said, "I overachieved making up for things so there wasn't a downfall from it".

Many mothers worked to achieve consistency and routine in their children's lives following the violence. One mother, in particular, continued with a supper table check-in about "highlight[s] and lowlight[s]" of her children's day that began during the violence. Another mother said, "I'm a firm believer that...if there were to be a change in my routine or my rules at my place that it would upset everything." Other mothers established consistency through disciplinary actions and several tried to establish a solid routine but described struggling to gain control after their partner's dominance.

Mothers also tended to seize opportunities to teach their children lessons and to get creative when it came to difficult topics. Teaching male children how to be a gentleman was common, as one mother described her interaction with her son:

"You have the advantage to...turn out to be a whole different man and to become a leader...and to show people that there's another way to express manhood...what it's really like to treat a woman with respect and...to treat your wife like a queen."

Others focused on teaching their female children about mistakes they made as young

women and the importance of independence. One mother discussed her conversation with her daughter:

“Mommy’s thirty years older than you, I had to learn all this stuff and you’re not expected to know this so when mommy tells you this it’s not because I want to one up you or compete against you. It’s because I want to make sure you learn all this from me.”

In terms of creativity, one mother decided marking the one year anniversary of leaving her partner with a celebration for her and her child. Another mother incorporated creativity when it came to leaving the violence, as she told her young son they were going to EB Games to get the game he wanted. Yet another reported paying special attention to the way her young son played to determine the impact of the violence on him.

Heightened general levels of protection were mentioned by many mothers, as is implied by statements such as “we’ve all grown this great big protective shield” and “I think I worry a lot about the kids...which certainly ha[s] an impact when they’re not with me.” Specifically, mothers spoke of feeling the need to protect their children from their fathers, as one woman said:

“Constantly worried and wondering is it going to blow up now, do I have to watch, do I have to protect, do I have to be there. Like with [my son] going on hockey tournaments ...I have to be there because if he doesn’t perform the backlash from his father...”

Others described becoming angry at their children to protect them from their father’s wrath, “I would rather be the one that gives them heck than their dad” said one woman.

Several mothers talked about their heightened intuition when it came to their

children's safety. This intuition is implied in the statements below:

"It's heightened my...sensitivity to how they're being taken care of."

"It's definitely put my [danger] awareness up."

Some spoke of the intuition they had during the violence, "he wasn't there I sent him to his friends house, I knew what was going to happen", while others were in tune with the danger of remaining where the violence occurred, "getting out of the city...it's too close...for his feelings."

Mothers also reported being more patient with their children, which usually centered around their children's reluctance to open up about the violence, "I think it's just right now for him he feels better inside and I'm here for him when he's read, just more closed up." Others reported being persistent when it came to seeking help for their children, "My goal with all the agencies I have for [him] is to support my children to be the happiest, best people they can be."

Subtheme 2: Compromised mothering. In general, the women spoke of their mothering as compromised in areas such as impulse control, attention/nurturance, respect/authority, control/discipline, structure/routine and trust. Their mothering was made more difficult due to contrasting parenting styles between themselves and their partners, as well as their level of fear, self-blame and helplessness.

Poor impulse control was mentioned by several mothers. Many described feeling "on edge" in their homes and the phrase "walking on eggshells" was used often. The heightened consciousness was described greatly by one mother when she said: "They're waiting for it to happen again...waiting for me to have reactions like I used to...everybody's always on guard all the time." Another mother described an incident

when her reaction was aimed at her son:

“The kids were in my room playing. I heard the Chucky* laugh. I hate the Chucky laugh. I ran into my room, and he had the thermal blanket across [her] neck. He was trying to like, cover her up, or blanket her, but he had all of his weight across her neck. With this blanket...I dunno what it was, it's like a little flash, but I shoved him as hard as I could off of her.” *reference to a popular horror movie, modelled after a child.

One mother called her automatic reactions a “quick to snap impulse” that are built into her as a defence to her former partner's similar impulses.

Attention and nurturance were two things several mothers described as compromised in their parenting, even though many of their children craved their attention, “she wants more she is always asking for attention, mom I'm doing this I'm doing that come on be with me”. Many mothers spoke of entering “survival mode”, which interfered with their ability to be available for their children. One mother's body “just gave out” while others described feeling like a “zombie” and “checking out” of being a mother for a period of time. Some spoke of suffering from PTSD symptoms and heightened “stress and anxiousness”, all of which drained their energy.

Many women interviewed struggled to gain respect and authority as a mother figure. One mother, who took a back seat to her partner when it came to parenting, said, “as soon as he's gone, now I'm looking at these kids, expecting them to listen to me, and follow my rules, and they're just like “who are you, and why do you have a say?” Several mothers spoke about the power differential in their homes in phrases such as:

“It's tough at an age where they figure out the boundaries, or the limits, that they

try to push...the limits and the more you give them to deal with the more powerful they get."

"I was in a lower position than her, right and she was higher than me."

Gaining control in their home was another area the women struggled with. One mother had difficulty with her son who was trying to control her in their relationship, a skill she recognized was learned from his father. Control in terms of disciplinary action was described often, as one mother said, "if I say black she says white...I'm not right, she has to constantly correct me." Some mothers resisted disciplining their children due to guilt for the years of violence they were exposed to while others simply became more lenient with their disciplinary practices. Most of the mothers' struggles with control, however, revolved around times when their children were not with them.

Establishing structure and routine was also a challenge for some women. Several mothers reported struggling to regain a routine in their homes following the violence, as one woman verbalized "my son never had this typical childhood life. It was always crazy, no real structure, because of me being a single mom, and working hard and the immigration situation."

Many mothers reported reduced levels of trust for others and even their own children. Several mothers expressed concerns about how their children were being cared for by their fathers. Others generalized their distrust for their former partners to all men, as is evident in the statements below:

"Makes me hate all men."

"Due to the hatred or the bitterness against men, the hurt, what men did to me. I can't trust them anymore."

Other mothers didn't trust their own children. One mother, in particular, reported an incident where her son physically attacked her and refused to take responsibility for his behaviour. She spoke of how difficult it was for her to turn down his requests to see her.

Several mothers spoke of the challenges they face when they must counteract their partner's parenting style. One woman's former partner defied her explicit instructions in terms of caring for their son. In general, mothers found it difficult to establish respect when their children's fathers allowed them to be disrespectful in his care and they struggled with the strictness of disciplinary action enforced by their partners, when they did not believe in such forcefulness for their children.

Mothers reported harbouring many fears when it came to their children and their well being. Common fears expressed were the cyclical nature of violence (i.e. the possibility that their children may be in abusive relationships one day or the possibility that their children may repeat their same gendered parents' behaviours) and the normalization of violence (i.e. their children thinking abuse is okay). Self-blame was mentioned by the majority of the women interviewed through statements like:

"If I was better, if I did enough, if I baked enough, if I washed enough, if I made the sheets smell nice enough at night than it would erase everything else..."

"You always think it's your fault."

Their self-blame was linked with feelings of failure, as was noted when they discussed being blind to the affect violence was having on their children and for not being able to provide a "normal" or safe house for their children. Others spoke of feeling helpless to protect their children from violence, as their efforts at "precautions" were unsuccessful, and helpless to aid their children in their healing, as they were not "experts" on the topic.

Mothers in this study expressed frustration around the idea of being “super mom”. They spoke of overachieving and taking on more than they could handle, as one mother said, “I can really get myself into a tizzy making sure I’ve got everybody on board and, you know, that things are getting done at school.” The “super mom” ideal is only one expectation mothers established for themselves.

Subtheme 3: Self-expectations. Mothers expected themselves to know how to raise children, to be nurturing at all times and to not become angry at their children. They felt they should instinctively know everything they need to know in order to raise healthy children, as one mother said, “I don’t know how to help her because I am doing it, like I am trying to understand so we both need help in that.” Another described how frustrating it was for her to expect herself to know everything that happened to her children when they did not disclose things to her, “A lot of stuff was found out after the fact...so they’re upset with me for stuff that I didn’t know about.” Mothers spoke of the lack of nurturance they displayed toward their children, on occasion, as most of their efforts focused on surviving daily life:

“I was so upset emotionally that I was like a zombie but that’s the only way I could be around anyone.”

“[I] pretty much checked out of the being the first parent for a long time.”

One mother spoke of the difficulty that came with providing nurturance to children who blamed her for the violence, “it’s hard to comfort somebody who holds you responsible.”

Some mothers struggled with anger toward their children. One mother recalled an incident when she became enraged with her son when he was harming her daughter:

“I don’t know what it was, it’s like a little flash, but I shoved him as hard as I

could off of her. He hit the wall, and I was just so worried about [her] that I didn't care about [him]. I have issues with men. I don't like a lot of men. And that triggered that."

Others described becoming angry at their children as a way of protecting them from their father, "I would tend to yell at the kids to tell them to quit doing something...so they don't upset their father, I would rather them hear it from me than hear it from him"; while others reported a high level of generalized anger:

"Like maybe mad at them for no reason."

"Right now I have anger about what my son has had to live through all of his life...so I need to deal with that anger inside myself."

Discussion

In this study experienced women were interviewed to investigate the impact woman abuse has on mothering. Participants were asked four questions:

- 1) What do you want to achieve from participating in the group?
- 2) How would you define success for you and your child/children from this group participation?
- 3) How do you think violence in your home has impacted your child/children?
- 4) Do you think the violence has impacted your parenting? If yes, in what ways?

Using Relational Cultural Theory (Comstock et al., 2008), three general themes emerged from the data: Connection/Isolation, Mother-Child Relationship and Mothering. In theme one the women spoke of feeling connected or disconnected from their community, family, friends and self, as well as feeling alone and silenced while keeping the abuse a secret. In theme two they spoke about the mutuality, communication, closeness and

authenticity that characterized their relationships with their children, as well as the guilt, shame, fear and regret that interfered with their connection to their children. Lastly, in theme three they spoke of their mothering as both compromised and enhanced as a result of the abuse, as well as the pressure they felt to meet certain expectations and standards as a mother.

According to the literature, women who are abused by their intimate partners tend to suffer from more mental health issues, including PTSD and depression, than the general population (Helfrich et al., 2008; Levendosky et al., 2000; Wilson et al., 2007). Such conditions tend to deplete the resources needed to live daily life, as those who are diagnosed focus much of their energy and time on coping with their inner reality (Humphreys et al., 2006; Wilson et al., 2007). Survivors find it difficult to create and maintain connection with others and, as a result, they tend to isolate and distance themselves from significant people in their lives (Helfrich et al., 2008). Women who have experienced violence tend to experience a range of emotions, including anger and shame, that are difficult to regulate while they blame themselves for the violence (Herman, 1992). Some of the above impacts were noted in this study and, as a result, will be discussed in detail below.

Only selected sub-themes will be presented in this discussion. Each sub-theme will be discussed in terms of the four structural supports this study draws on: Feminist Theories, Relational Cultural Theory, Trauma Theories and the sociological view of mothering/mothering myths. The sub-themes selected and discussed are chosen based on the richness of the information contained in them, the compelling nature of the information contained in them or the support/lack of support they receive from the four

structural supports advocated by this study. The implications for counselling based on each sub-theme will then be presented and discussed in order to highlight the importance of translating this study's results into practice.

Connection/Isolation: Self

Some participants in this study spoke of a process of re-connection with themselves as women and a re-discovery of themselves as mothers due to the abuse they experienced. At first glance this finding appears in contradiction to the overarching principle of Relational Cultural Theory (RCT) which states that, as human beings, we grow toward and within relationships and that we yearn for connection with others (Jordan, 2001). RCT rejects traditional, Western theoretical notions of individuation and autonomy, which this sub-theme appears to advocate as the women spoke of focusing on themselves (Comstock et al., 2008).

However upon further reflection, RCT posits that in order for individuals to be engaged in growth-fostering relationships they need to have an accurate picture of themselves (Banks, 2006). One of RCT's core tenets states that "authenticity is necessary for real engagement in growth-fostering relationships" (Comstock et al., 2008, pp. 280). Herman (1992) also supports the notion of self reconciliation following a trauma. Thus, the journey to re-connect and re-discover what kind of woman and mother some of the participants in this study wished to be may be the first step in moving toward connection, which is in line with RCT and Trauma Theory.

Betrayal Trauma Theory, in particular, focuses on the violation of implicit or explicit trust, with closer and more necessary relationships being the most damaging (Freyd, 1996). Since all the women in this study were engaged in intimate relationships

with their abusers the impact of such trauma is highly damaging. Betrayal Trauma Theory stipulates that survivors of relational trauma suffer from a sense of disconnect with themselves due to their shattered assumption that individuals can be themselves in relation to other people (Birrell & Freyd, 2006). As a result, some survivors of woman abuse may fragment and lose touch with parts of themselves as a survival mechanism in chaotic environments where their abuser is someone they trust and love (Birrell & Freyd, 2006; Gilfus, 1999). When an individual fragments parts of the self authenticity decreases, which makes it difficult to engage in growth fostering relationships, according to RCT (Comstock et al., 2008). The idea of fragmentation and loss of self is in line with the reports of the majority of participants in this study, who spoke of a sense of disconnect with themselves, specifically for the woman and mother they wished to be. The notion of isolation and decreased connection with significant others will be elaborated in the sub-theme below.

Implications for the counselling profession. When survivors present for counselling, or other forms of treatment, it is important for service providers to keep in mind that some of them may be disconnected from themselves. This lack of connection may make some survivors unsure of their goals for treatment or their wishes, desires and wants in general. This inability to verbalize certain personal ambitions can be construed as reluctance or hesitation. As a result, some survivors may be labelled as difficult or resistant clients.

It is imperative that service providers avoid attributing such labels to survivors as, according to Roger's Person-Centered Theory, a healing therapeutic relationship is characterized by empathy, unconditional positive regard, genuineness and client

acceptance (Hill, 2009). Such a relationship allows the self-concept to be restored while increasing the individual's drive to reach their maximum potential and become a fully functioning person (Hill, 2009). However, if counsellors, and other professionals, label survivors as resistant early in treatment they may shut down. As a result, some survivors may disengage from treatment and not experience the healing such treatment has to offer.

Connection/Isolation: Friends and Family

Trauma that occurs in the context of interpersonal relationships, called relational trauma, can have a damning effect on individuals' ideals and assumptions surrounding interpersonal and social connection, as the self is deemed unworthy, the world is seen as dangerous and closeness cannot be trusted (Birrell & Freyd, 2006; Gilfus, 1999; Levendosky & Graham-Bermann, 2000). As a result, survivors tend to withdraw and isolate as a way of protecting themselves, which was reported in this study (Herman, 1992; Levendosky & Graham-Bermann, 2000). Many women spoke of distant or non-existent friendships and the majority spoke of disconnection from family. Other women spoke of a lack of understanding from their friends and family, which may be due to survivors' inhibited self-regulation (oscillating between periods of withdrawal and connection) or inability to control painful emotions (Herman, 1992; Levendosky & Graham-Bermann, 2000).

Feminist and Trauma Theory posits that connection with others who have similar life experiences and action via social change are two major avenues along the journey of healing following woman abuse (Herman, 1992; Corey, 2005). Although only a few women in this study found solace in new friendships gained through services sought, the majority of them spoke highly of the opportunity to connect and interact with other

women going through similar situations to their own.

Implications for the counselling profession. Many mothers in this study reported feeling alone and being isolated and disconnected from significant individuals in their lives. It is important for service providers to see the value inherent in group therapy, whether psychoeducational or process oriented, for mothers who survive abuse. The women in this study were recruited from The Community Group Program, thus, the bias in this study's sample should be noted. However, all participants highly valued the opportunity to learn and grow with mothers living in situations similar to their own. In addition, research has shown that group therapy provides opportunities for normalization, validation, connection, advice giving and opinion sharing, among many others things, to members, which would aid greatly in survivors' healing (Corey & Corey, 2006).

Mother-Child Relationship: Authenticity and Closeness

Mothers in this study described authenticity as lacking or present for themselves and their children, however, the majority described authenticity as lacking for both parties. This finding can be accounted for by RCT. RCT posits that shame-based oppression and marginalization are two of the major obstacles to authentic expression (Comstock et al., 2002). Survivors of woman abuse are oppressed and marginalized by their perpetrators, as they tend to silence survivors and make them feel like there is something wrong with them (Comstock et al., 2002). Feeling as if they are the problem in their relationships, they start to interact in inauthentic ways as a means of survival via superficial safety (Comstock et al., 2002; Jordan, 2001). In order to maintain the inauthentic relationship, individuals hide parts of themselves, as they have been taught it is too dangerous to risk rejection (Jordan, 2001).

Mothers in this study revealed both closeness and distance in their relationships with their children. However, RCT would say that mothers describing close relationships were probably experiencing inauthentic connections. Mothers reporting distance attributed such distance to their children's reluctance to open up and their personal journey of self-discovery, as several were attempting to re-connect with their essence as women and mothers. Those attempting to re-connect with themselves may have been preoccupied with their own personal healing and the mental time and energy needed to further cultivate their connection with their children may have suffered, as a result. Many survivors of woman abuse, mothers and children alike, experience emotional numbness due to overwhelming feelings, life threatening situations, hyperarousal and heightened levels of general fear (Herman, 1992; Levendosky & Graham-Bermann, 2000). Such numbing has the potential to hinder intimate connections, which may be another reason for the distance reported.

Implications for the counselling profession. In violent homes, the quality of the mother-child relationship is one of the most important factors determining healthy child development (Matlin, 2008; Lapierre, 2008; Shaffer et al., 2005). As a result, the inauthentic and distant nature common in mother-child relationships, as described by experienced survivors, should be addressed by mental health services and other professionals. Treatment approaches should be offered that address mothers and children together, preferably in a dyad type format. This may allow mothers and children to openly communicate in a safe setting while allowing a professional to interject and provide feedback based on their observations. However, before this dyad type approach to treatment is implemented both mother and child should proceed through their own

personal treatment to re-discover the essence of themselves. Once they have re-connected with themselves it would be easier for the mother-child bond to take precedence.

Mothering: Enhanced

Although many women in this study discussed enhancements in their mothering through or following violence, it was difficult to find support for such improvements within the four structural supports advocated. Specifically, the women's reports of increased persistence/patience, teaching lessons, establishing routine/consistency and remaining hopeful/positive have little support from Feminist Theories, Relational Cultural Theory, Trauma Theories or the sociological view of mothering/mothering myths. Thus, some of the major theories and ways of thinking clinicians and other professionals rely on to help conceptualize and treat survivors are majorly flawed, as they fail to discuss enhanced mothering practices that can develop in spite of abuse.

According to Trauma Theory, the mothering of woman abuse survivors can continue relatively unscathed or it can be diminished due to problems functioning on a daily basis (Levendosky & Graham-Bermann, 2000). Some women in this study would fall into the first category, as several mothers reported increasing their attention toward their children and being highly aware of their needs. Some took their availability to an extreme and tried to compensate for the losses in their children's lives.

Mothers in this study also disclosed being highly protective when it came to their children's care, especially when they were with their fathers. Some even reported getting angry with their children as a means of protecting them from their fathers' outbursts of rage. According to the literature, there is an increase in the likelihood of child maltreatment in violent homes, with men being more likely than women to abuse children

(Holt et al., 2008). Thus, when mothers get angry at or even abuse their children it can be seen as a means of survival within a situation they have little power or control over (Damant et al., 2008). More general Trauma Theories further support mothers' intense protection over their children (Levendosky & Graham-Bermann, 2000).

Several mothers in this study reported being highly intuitive about their children's safety, both during and after the violence. This finding can be explained by the reality of living in a violent home, as Herman (1992) talks extensively about the chaotic and unpredictable nature of woman abuse. As a result, many survivors develop heightened intuition as a means of survival and protection while living in such an erratic atmosphere (Herman, 1992). Even when removed from the dangerous environment the intuition may persist due to the conditioning of such a response (Herman, 1992).

Implications for the counselling profession. Mothering enhancements due to violence counteract the strict deficit model held by the many professionals in the field (Lapierre, 2008; Raghunandan & Leschied, 2010). It is important for counsellors to be educated about and cognisant of strength-based qualities in mothers who have survived abuse. Such parenting skills and positive characteristics present in mothers should be reinforced, acknowledged and praised by professionals in the field in an effort to increase confidence and self-esteem, among other things. Further than simply reinforcing such mothering practices in individual clients, the information revealed in this study could be used as a guide to create programs that foster such qualities in other survivors.

Mothering: Compromised

All four structural supports this study draws on are in line with findings contained in this sub-theme. According to Herman (1992) survivors of trauma are always on alert

and they startle easily due to their state of hyperarousal. The body utilizes much energy to maintain a state of hyperarousal, thus, everyday functioning becomes increasingly difficult for survivors. Hyperarousal was discussed by many women in this study, in terms of feeling on edge and “walking on eggshells”, and the nurturance/attention displayed toward their children suffered as a result. The decrease in energy needed to mother concluded in this study is also supported by RCT, as it posits that disconnection can result in a decreased sense of energy or zest (Comstock et al., 2008; 2002).

Some mothers in this study reported difficulties establishing structure and routine in their children's lives. Traumatic experiences tend to be unpredictable, thus, the mothers in this study may have become accustomed to chaos making it challenging to establish consistency when it hasn't existed in their lives (Herman, 1992). Trust was another quality that was compromised for women in this study, with several reporting that they did not trust their ex or current partners while caring for their children. This mistrust can be explained by RCT and Betrayal Trauma Theory. Individuals form relational images based on their expectations and worries surrounding social interaction and interpersonal relationships (Comstock et al., 2002). These images are influenced by individuals' previous experiences in connection and the outcome of personal relationships in the past (Comstock et al., 2002). The women's interactions with their ex or current partners have led them to establish ideals regarding mistrust in relationships that have the potential to become generalized from their abusers to others in their lives, including their children, which was disclosed by several women (Banks, 2006).

Feminist Theories are based on the notion that woman abuse is about control embedded in a patriarchal society that puts men in positions of power and women in

subordinate roles (Damant et al., 2008; Jackson, 1999; McCue, 2008). Men dominate their families due to their position of privilege and their female partner's mothering tends to be targeted (Damant et al., 2008). Fathers are interpreted as strong, aggressive, authoritative and rational by society whereas mothers are seen as dependent, passive, submissive and soft (McCue, 2008). Mothers are set up to fail, due to the intensive mothering ideal, yet fathers are set up to succeed by society, as men are not held to any of the unrealistic standards as fathers that women are as mothers (Anderson et al., 2002). Several women in this study discussed the difficulty inherent in counteracting or compensating for their partners' parenting styles, which were significantly different from their own. The authority that their partners felt they had in terms of fathering can be attributed to their position of privilege and the lack of pressure placed on them by society, as they only need to show up to be a good father (Anderson et al., 2002).

Many women in this study blamed themselves for their failures as mothers and in others areas of their life. Self-blame is a survivor's way of feeling like they have some control or agency within their life, despite the chaotic environment they were/are exposed to, which serves to decrease helplessness (Levendosky & Graham-Bermann, 2000; Moor, 2007). Mother blaming is a pervasive problem in society, which is more pronounced for survivors of woman abuse (Jackson & Mannix, 2004, Lapierre, 2008). Survivors are viewed as central to their children's welfare, which has lead to a focus on their failures as mothers, as many children exposed to violence exhibit behavioural issues (Lapierre, 2008). Mothers are often blamed for things that are out of their control, which was echoed in this study by some women who felt they could stop their partners from being violent (Jackson & Mannix, 2004). Single mothers and mothers with minority status are

easier targets for blame and many, if not all, women in this study would classify themselves under one of those two categories (Jackson & Mannix, 2004).

Further to the idea of mother blaming is the notion of victim blaming. Victim blaming is a form of re-victimization or secondary “assault” that survivors of abuse experience from societal structures and even people in their lives following the violence (Moor, 2007; Trinch, 2007). Thinking that a woman’s behaviour provokes a man to be violent, implying that she asked for it in some way, and not understanding why she can’t leave the relationship are two common victim blaming attitudes, that place the responsibility on the survivor (Moor, 2007). Victim blaming attitudes bring shame and self-loathing on survivors while decreasing the likelihood that they will reach out for help, especially if such attitudes are harboured by help-seeking services, like medical organizations, law enforcement and mental health workers (Garimella, Plichta, Houseman & Garzon, 2000; Moor, 2007; Saunders & Size, 1986). Several women in this study spoke about feeling dismissed by police officers and lawyers and receiving sub-par care from doctors, some of which may be explained by victim blaming attitudes.

Implications for the counselling profession. Many of the mothering deficits revealed in this study can be attributed to mental health issues, such as PTSD or depression, which tend to decrease energy and increase fatigue (Humphreys et al., 2006; Wilson et al., 2007). Instead of focusing on mothering deficits, treatment should focus on the underlying mental health issues known to be common in survivors of woman abuse. In treating the underlying problem, many mothering deficits, such as decreased attention and warmth, may be resolved without specifically addressing each compromised area. This approach to treatment may take less time to implement while potentially reducing

feelings of mother blame. In addition, by taking a more holistic stance on treatment the healing of an entire woman is advocated and not just one part of her personality.

Further, when considering all of the areas of compromised mothering mentioned in this study, many are areas within which mothers who have not been abused struggle. Things such as establishing a routine, exercising control and enforcing discipline are not uncommon areas of complaint by many mothers. Thus, survivors' struggles with mothering in certain areas should not be pathologized more than similar struggles would be with non-survivors.

Since victim blaming is pervasive in society it is necessary for mental health workers to be highly aware of how they communicate with survivors of abuse, from the initial meeting and throughout treatment. Clinicians should allow themselves the time to reflect on their potential prejudices and negative attitudes about survivors of woman abuse, which have the potential to impact the quality of treatment delivered. Consultation from colleagues or supervision should be sought to gain a second opinion on any matters that do not sit right for individuals when working with this population.

Mothering: Self-Expectations

The intensive mothering ideal is a socially constructed phenomenon that outlines how "good" mothers should act and feel (Medina & Magnuson, 2009). Women are expected to know how to raise children inherently as a part of their female existence, thus, mothering should come naturally (Anderson et al., 2002; Caplan, 2000; Lupton, 2000). According to the intensive mothering ideal, if a woman fails at mothering it is due to her natural inability to be a mother and not due to lack of skill, motivation, desire or any other quality (Anderson et al., 2002). In reality, however, most mothers do not have

the knowledge or skill to know how to care for a child immediately after giving birth (Lupton, 2000). Some women in this study described feeling like they should know everything necessary to raise healthy children and others described their frustration with the idea that mothering is natural.

Mothers are expected to be constantly nurturing and available to their children and they should go to whatever lengths to be nurturing (Anderson et al., 2002; Caplan, 2000). The self-sacrifice inherent in this mothering myth places women's needs second (Caplan, 2000; Lupton, 2000). Mothers in this study spoke of how difficult it was for them to be nurturing to their children, mainly due to their decreased energy and fragile emotional state, which is supported by Trauma Theory (Herman, 1992).

Mothers should never get angry, according to society's standards, and if they do they are considered "bad" and unfeminine (Caplan, 2000). Mothers in this study described the guilt and shame they felt when they became enraged at their children, a manifestation of society's standards in action. Others used anger as a means of discipline and protection from their children's fathers', however, despite the logic and rationalization they still felt guilty. According to Herman (1992), some survivors suffering from complex post-traumatic stress tend to oscillate between periods of inhibited and explosive anger, which may be one line of reasoning for mothers' use of anger in this study. Such mothering myths and expectations place much pressure on women to meet an unrealistic standard of womanhood, a standard which is made more challenging for women with minority status, which is true for some women in this study (Medina & Magnuson, 2009).

Implications for the counselling profession. The pressure mothers in this study

placed on themselves is not unusual, as many non-abused mothers struggle to meet standards and expectations placed on them by society (Caplan, 2000). When providing front-line support and services to survivors it is highly important for workers to normalize the pressure abused mothers feel, as they may experience much guilt, shame and blame. Psychoeducation around mothering myths and the sociological construction of mothering is one of the best ways that normalization can be communicated and established and, as a result, should be provided by service providers to all survivors.

Further Research

In general, more qualitative studies on woman abuse and mothering should be conducted, as a personal perspective is generally missing on the topic in the quantitative-focused research literature. Studies similar to this, using different populations of survivors, would be beneficial as they would enhance the information known about mothering through woman abuse. Specifically, as a continuation of this study, future research should focus on how mothering practices differ in survivors raising children of various ages and developmental stages. A study focusing on that topic may reveal unique areas of difficulty and triumph based on the age and stage of the child.

Future studies should also continue the strength-based approach to mothering that this study advocates. The deficit view of mothers who survive woman abuse that currently dominates the research literature does little to advance the services or support provided to survivors (Irwin et al., 2002; Lapierre, 2008; Sullivan et al., 2000). A strength-based perspective provides information about positive mothering characteristics survivors already possess. Thus, service providers are not wasting time trying to foster such qualities and they can use them to reinforce efforts and build confidence, autonomy

and a host of other related characteristics.

Lastly, Self-Expectations is one sub-theme which emerged from this study that could be the topic of future studies. Mothering myths have an impact on most mothers in society, however, as a marginalized group survivors have their mothering practices scrutinized and placed under a microscope by various institutions and individuals in society, including child welfare and family court systems (Raghuandan & Leschied, 2010). As a result, survivors may place further pressure on themselves to do better and be better mothers. A study analyzing survivors and non-survivors self-expectations and the impact of mothering myths on their mothering practices would be interesting and informative.

Limitations

There are limitations present in this study that must be considered. First, the women who participated in this study represent a specific subset of those who are subject to woman abuse. All participants were seeking help and in the process of changing and healing from their experiences while helping their children heal, as well. Their lives were less chaotic and they felt safe enough to actively engage in the treatment process. Due to the characteristics associated with this specific population, the results of this study cannot be generalized to all women subject to woman abuse. Rather, the results can only be generalized to the specific women interviewed at a specific point in time.

Second, the interviews transcribed for this study were secondary data, thus, the researcher did not have any influence over the course or content of the interviews. The interviews were originally conducted as an assessment of the Community Group Program and not for further research purposes, such as those employed in this study. As a result,

some questions the researcher may have asked to aid in her specific study were not elicited by the interviewers and the data had to be utilized as is.

Third, woman abuse tends to impact the cognitive functioning of survivors (Horsman, 1999). Specifically, survivors may have issues concentrating and they may not be able to comprehend certain words or phrases (Horsman, 1999). If participants in this study were experiencing the above cognitive deficits then their understanding of certain interview questions and their ability to focus during the interview may have been compromised. The difficult subject matter of the interviews may have decreased concentration and focus without cognitive deficits being present, based on the reports that several women suffer from PTSD symptoms in which dissociation is common.

Strengths

Despite the limitations, this study also possesses several strengths. One major strength of this study is that it was done with women who experienced abuse rather than to them. The majority of studies in this area are concerned with gathering numerical data and comparing and computing statistics rather than telling women's stories. This study allowed women's voices to be heard via the open ended questions used to gather data. As a result, participants with given ample opportunity to verbalize their experiences in their own words using as little or as much detail as they were comfortable with.

Secondly, NVivo was utilized as an analytical tool for the interview data in this study. It's utilization as a research tool has been advocated by long time researchers in the field and, as a researcher and student who has not utilized qualitative methods of study greatly, I feel using NVivo was an asset to my study (Price, 2004; Welsh, 2002). It allowed me to organize and categorize data easily while keeping accurate notes of my

progress, queries and areas of difficulty. It also allowed me to gain a richer picture of my data and the connections within it that would not be possible using hand coding.

Thirdly, this study is rooted in Relational Cultural and Feminist perspectives, both of which adhere to a strength-based model of individuals. As a result, in this study an active effort was made to take into account the enhancements as well as the deficits of mothering due to abuse. This approach is in contrast to the majority of studies in the research literature that focus on deficits only (Irwin et al., 2002; Lapierre, 2008; Sullivan et al., 2000). This effort was done for several reasons. One, in an attempt not to contribute to mother blaming, which occurs in many organizations that provide services to mothers from abusive relationships and two, in the hopes that such strength/enhancement acknowledgement will increase mothers' confidence and decrease the likelihood that they will return to their abusers (Raghunandan & Leschied, 2010).

Conclusion

The impact of woman abuse on mothering ability was qualitatively investigated with women from The Community Group Program for Women and Children Exposed to Woman Abuse using one-on-one interviews. Three general themes emerged from the data: Connection/Isolation, Mother-Child Relationship and Mothering. In terms of Mothering, the women disclosed enhanced areas, including increased attention/availability, compromised areas, including establishing respect/authority, and self-expectations, including the naturalness of mothering. The strength-based enhancements, in particular, counter the deficit-model of mothering present in the research literature and suggest that survivors of woman abuse can be great mothers in the face of great adversity.

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Appendix A

Ethical Approval



THE UNIVERSITY OF WESTERN ONTARIO FACULTY OF EDUCATION

USE OF HUMAN SUBJECTS - ETHICS APPROVAL NOTICE

Review Number: 0904-5

Applicant: Susan Rodger

Supervisor:

Title: *An evaluation of a community group program for children exposed to woman abuse.*

Expiry Date: September 30, 2010

Type: Faculty

Ethics Approval Date: May 5, 2009

Revision #:

Documents Reviewed &

Approved: UWO Protocol, Letters of Information & Consent

This is to notify you that the Faculty of Education Sub-Research Ethics Board (REB), which operates under the authority of The University of Western Ontario Research Ethics Board for Non-Medical Research Involving Human Subjects, according to the Tri-Council Policy Statement and the applicable laws and regulations of Ontario has granted approval to the above named research study on the date noted above. The approval shall remain valid until the expiry date noted above assuming timely and acceptable responses to the REB's periodic requests for surveillance and monitoring information.

No deviations from, or changes to, the research project as described in this protocol may be initiated without prior written approval, except for minor administrative aspects. Investigators must promptly report to the Chair of the Faculty Sub-REB any adverse or unexpected experiences or events that are both serious and unexpected, and any new information which may adversely affect the safety of the subjects or the conduct of the study. In the event that any changes require a change in the information and consent documentation, newly revised documents must be submitted to the Sub-REB for approval.

Dr. Jason Brown (Chair)

2008-2009 Faculty of Education Sub-Research Ethics Board

Dr. Jason Brown	Faculty (Chair)
Dr. Elizabeth Nowicki	Faculty
Dr. Jacqueline Specht	Faculty
Dr. John Barnett	Faculty
Dr. J. Marshall Mangan	Faculty
Dr. Immaculate Namukasa	Faculty
Dr. Robert Macmillan	Assoc Dean, Graduate Programs & Research (<i>ex officio</i>)
Dr. Jerry Paquette	UWO Non-Medical Research Ethics Board (<i>ex officio</i>)

The Faculty of Education 1137 Western Rd. London, ON N6G 1G7	Karen Kueneman, Research Officer Faculty of Education Building kueneman@uwo.ca 519-661-2111, ext.88561 FAX 519-661-3029
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Copy: Office of Research Ethics

Appendix B

Letter of Information, Informed Consent and Consent to Digitally Record

An Evaluation of a Community Group Program for Children Exposed to Woman Abuse

I would like to invite you to participate in a research study about the Community Group Program for Children Exposed to Woman Abuse. This study is being conducted by Drs. Susan Rodger and Peter Jaffe from the Faculty of Education at the University of Western Ontario and Dr. Helene Berman from the School of Nursing at the University of Western Ontario.

The study is an evaluation of the Community Group Program for Children Exposed to Woman Abuse available through the Children's Aid Society of London and Middlesex, Madam Vanier Children's Services, and community agency volunteers. Research will be conducted with program participants, children aged 5-16 and their mothers, to evaluate the effectiveness of the program. It is our hope that the information we learn through this research will help us to develop programs that are based on an understanding of the needs and realities faced by families who have experienced woman abuse.

If you take part in this study, you will participate in two interviews with a member of the research team. The interviews will take place at the same location where you participate in the Community Group Program for Children Exposed to Woman Abuse. The first interview will be conducted before you start the group program. The second interview will be conducted after you complete the group program. Each interview will take approximately one hour. The interviews will be audiotaped so that the Research Assistant may be able to pay careful attention to what you are saying. The audiotape will be transcribed into written format and erased upon completion of the study.

There are no known risks for taking part in this research, but it is possible that some of the questions may make you feel uncomfortable. Participation in this study is voluntary. You may refuse to participate, refuse to answer any questions, or withdraw from the study at any time with no effect on your participation in the Community Group Program. Participants who consent to take part may change their minds and at any time. If the results of the study are published, your name will not be used and no information that discloses your identity will be released or published. All information that you give us about yourself will be kept confidential. However, the law states I must call the Children's Aid Society if you tell me a child has been harmed or might not be safe. A summary of what we have learned from this research will be given to you when the study is over.

If you have any questions, please feel free to contact Dr. Susan Rodger at the contact information provided below. If you have any questions about the conduct of this study or your rights as a research participant, you may contact the Manager, Office of Research

Ethics, The University of Western Ontario, (519) 661-3036 or email at ethics@uwo.ca.
This letter is yours to keep for future reference. Thank you for your interest.

Sincerely,

Susan Rodger, PhD, C. Psych.
Assoc. Professor, Faculty of Education
University of Western Ontario
London, ON N6A 5C1

An Evaluation of a Community Group Program for Children Exposed to Woman Abuse Consent Form

I have read the Letter of Information, have had the nature of the study explained to me and I agree to participate. All questions have been answered to my satisfaction.

Participant's Name

Participant's Signature

Date

Parent's Name

Parent's Signature

Date

Person Obtaining Informed Consent
Name

Person Obtaining Informed Consent
Signature

Date

Appendix C

Coding Scheme for Significant Statements

Connection/Isolation	Alone	Child		
		Self		
	Community	Child	Neighbours	Close
				Not Close
		Self	Neighbours	Close
				Not Close
	Family	Decreased	Non-Existent	
			Less Available	
		Siblings	Increase	
			Decrease	
		Supportive/Available		
	Friends	Child	Decrease	
			Increase	
		Self	Decrease	None
				Few Close
			Increase	
			Judgement	
			Lack	

			Understanding	
			Stay Same	
	Maintaining Secrecy	Child		
		Self		
	Self	Disconnect		
		Reconnect		
	Silenced			
Mother-Child Relationship	Appreciation			
	Authenticity	Child	Lacking	
			Present	
		Self	Lacking	
			Present	
	Children First			
	Closeness	Disconnect		
		Open Relationship		
		Nurturing	Child to Mom	
			Mom to Child	
		Separation Issues	Child	
			Self	
	Communication	Closed		
		Explaining		

		For Expectations		
		For Feelings/Emotions		
		For Right/Wrong		
		Not Sufficient		
		Open		
	Fear	Control		
		Dad's Actions		
		In Home		
		Repeating Cycle		
		Separation		
	Guilt	Breakdown of Family		
		Depriving of Dad		
		Expectations from Society/Family		
		For Aftermath		
		For Exposure		
		For Life Situation		
	Mutuality	Parentification		
		Unbalanced	Child Craving	
			Protector	

			Self Craving	
	Rationalizing	For Partner		
	Regret			
	Sacrifice			
	Safety/Security	Emotional		
		Physical		
	Shame			
Mothering	Compromised	Attention	Energy	
			General	
			Time	
		Anger		
		Automatic Reactions		
		Compensation		
		Control		
		Discipline		
		Dreams		
		Failure		
		Fear		
		Help		
		Helpless		
		Inconsistencies	Between Parents	
			For Each	

			Child	
		Normalizing		
		Nurturing		
		On Edge		
		Protection		
		Respect/Authority		
		Responsibility	To Child	
			To Others	
		Safety		
		Self-Blame		
		Stability		
		Structure/Routine		
		Super Mom		
		Survival		
		Trust	Child	
			Others	
	Enhanced	Affection		
		Attention		
		Availability		
		Compensation		
		Consistency/Routine		
		Creativity		
		Fight		

		Good Parent		
		Hope		
		Intuition		
		Lessons		
		Normalcy		
		Patience		
		Persistence	Establishing Order	
			Seeking Help	
		Protection	In System	
			With Dad	
			With Others	
		Relaxed		
		Sense of Purpose		
		Structure		
		Support		
	Self- Expectations	All Knowing		
		Don't Get Angry		
		Endless Nurturance		
		Inferior to Fathers		
		Natural		